

**CRITERIA FOR PRIOR AUTHORIZATION**

Trelegy Ellipta® (Fluticasone/Umeclidinium/Vilanterol)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Trelegy Ellipta® (Fluticasone/Umeclidinium/Vilanterol)

**CRITERIA FOR APPROVAL** (must meet all of the following):

- Patient must have a diagnosis of chronic obstructive pulmonary disease (COPD)
- Must meet one of the following:
  - Patient is currently on a fixed-dose combination of fluticasone and vilanterol for airflow obstruction and reducing exacerbations and require additional therapy
  - Patient is currently receiving umeclidinium and a fixed-dose combination of fluticasone and vilanterol
- Patient must be 18 years of age or older
- Dose must not exceed one inhalation per day

**LENGTH OF APPROVAL:** 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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